NC DIVISION MH/DD/SAS
COMMUNITY SUPPORT SERVICES MEDICAID AUDIT
2006/2007

PROVIDER NAME:			**AUDIT DATE:**	
PROVIDER #:			**NAME:**	
CONTROL #:			**SERVICE TYPE:**	
MEDICAID #:			**PROCEDURE CODE:**	
DOB/AGE:			**SERVICE DATE:**	
RECORD #:	**Identifier:**		**UNITS BILLED:**	
RATING CODES:	**O = Not Met/No 1 = Met/Yes**	**6 – No service note 7 = Provider name not available**	**8 = Repaid before audit list sent 9 = NA**	**RATING**

SERVICE ORDER / SERVICE PLAN / SERVICE DOCUMENTATION:	
1. Is there a valid service order for the service billed? a. If NOT MET, list dates: FROM_____ TO_____	
2. Is the service plan current with the date of service? a. If NOT MET, list dates: FROM_____ TO_____	
3. Does the service plan identify the type of service billed? a. If NOT MET, list dates: FROM _____ TO_____	
4. Is the documentation signed by the person who delivered the service? *[Service notes must have full signatures including credentials/position, by all providers, (no initials).]*	
5. Does the service note reflect purpose of contact, staff intervention, and assessment of progress toward goals?	
6. Does the service note relate to the individual's goals as listed in the service plan?	
7. a. CS Adult: Does the service note reflect one-on-one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments? b. CS Child: Does the service note reflect one-on-one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments?	
8. Are the service notes and service plan individualized per person?	
9. Do the units billed match the duration of service?	
10. Does the documentation reflect treatment for the duration of service?	
11. a. Was an authorization in place covering this date of service?	**a.**
b. If "a" is NOT MET, was a request for authorization submitted prior to this date of service?	**b.**
c. If "b" is NOT MET, list dates: FROM_____ TO_____	

COMMENTS:

AUDITOR:	**LME:**